FRAMEWORK FOR A RESEARCH AGENDA

MINISTRY OF HEALTH PROMOTION

Ontario

MINISTRY OF HEALTH PROMOTION

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EXECUTIVE SUMMARY

This research framework serves to enlighten the Ministry of Health Promotion through education, engagement and empowerment to adapt to healthy living and healthy eating practices. The framework also outlines how the ministry can ensure that opportunities for healthy choices are provided in our various environments, whether at work, school, home or play.

High quality research commissioned or supported by the Ministry of Health Promotion should follow a population health approach, which aims to maintain and improve the health status of the entire population and to reduce the gap in the health status of different groups of people. The ministry believes that wellness and good health are important throughout the lifespan for all populations and individuals.

This framework sets out the ministry-wide process for building a research agenda and outlines considerations for identifying research needs and questions, including:

- Demographic profile and socio-economic trends
- Health of population and population groups
- Determinants of health
- Available data and information specific to the research question
- Application of multiple strategies
- Collaboration across sectors and levels
- Capturing public interest where applicable
- Demonstrated accountability for research

The framework also includes the criteria that will be used by the Research Advisory Committee for selecting and prioritizing research questions and making decisions for investments. These criteria include: magnitude of the issue, status of the current response, ability to affect change, appropriateness, resource and capacity, and cost-effectiveness.

The framework presents the phased process of developing a research project, beginning with the drafting of the research question, and culminating with the completion of the research.

Roles are clarified for all who are involved in the research process: the Strategic Policy and Planning Branch, program areas, the Research Advisory Committee (RAC), and the Senior Management Committee.

The resulting research agenda will be a long-term forward-thinking document setting protocols for research projects. The framework establishes a common mechanism to identify, prioritize, and engage in integrated and collaborative research. It outlines the importance of tracking and influencing external research and develops a process to disseminate research findings.

This framework is based on the premise that a strong organizational research component is critical to ensure that policy and program development processes have a solid foundation in the reality of the way people live their lives.

INTRODUCTION

The ministry aims to help Ontarians lead healthier lives by developing policies and delivering programs that promote healthy choices and healthy living.

Good health is a shared responsibility, with individuals, communities, the private sector, and governments all playing important roles. The Ministry of Health Promotion is uniquely positioned to influence these varied interests in support of improved health for Ontarians, by developing programs, policies and initiatives that support healthy, active living and wellness.

Established in 2005, the ministry brings together varied experience and expertise from distinctive policy and program areas, including sport and recreation, chronic disease prevention, and health promotion. The ministry is a "flat" organization with relatively few layers and limited hierarchy. This unique feature has afforded the ministry an opportunity to focus on growing an organizational culture that embraces integration and connectivity.

This mix of policy lenses and a cultural focus on connectivity has provided the ministry with the ability to analyze issues from several vantage points. The result is visible by innovative, integrated solutions which would not otherwise arise through separate, isolated policy discussions.

This integration has also allowed the ministry to open new policy dialogues with stakeholders. It brings together representatives from the sectors of public health, health care, sport, recreation and community development to help identify opportunities for collaboration to improve the health of Ontarians.

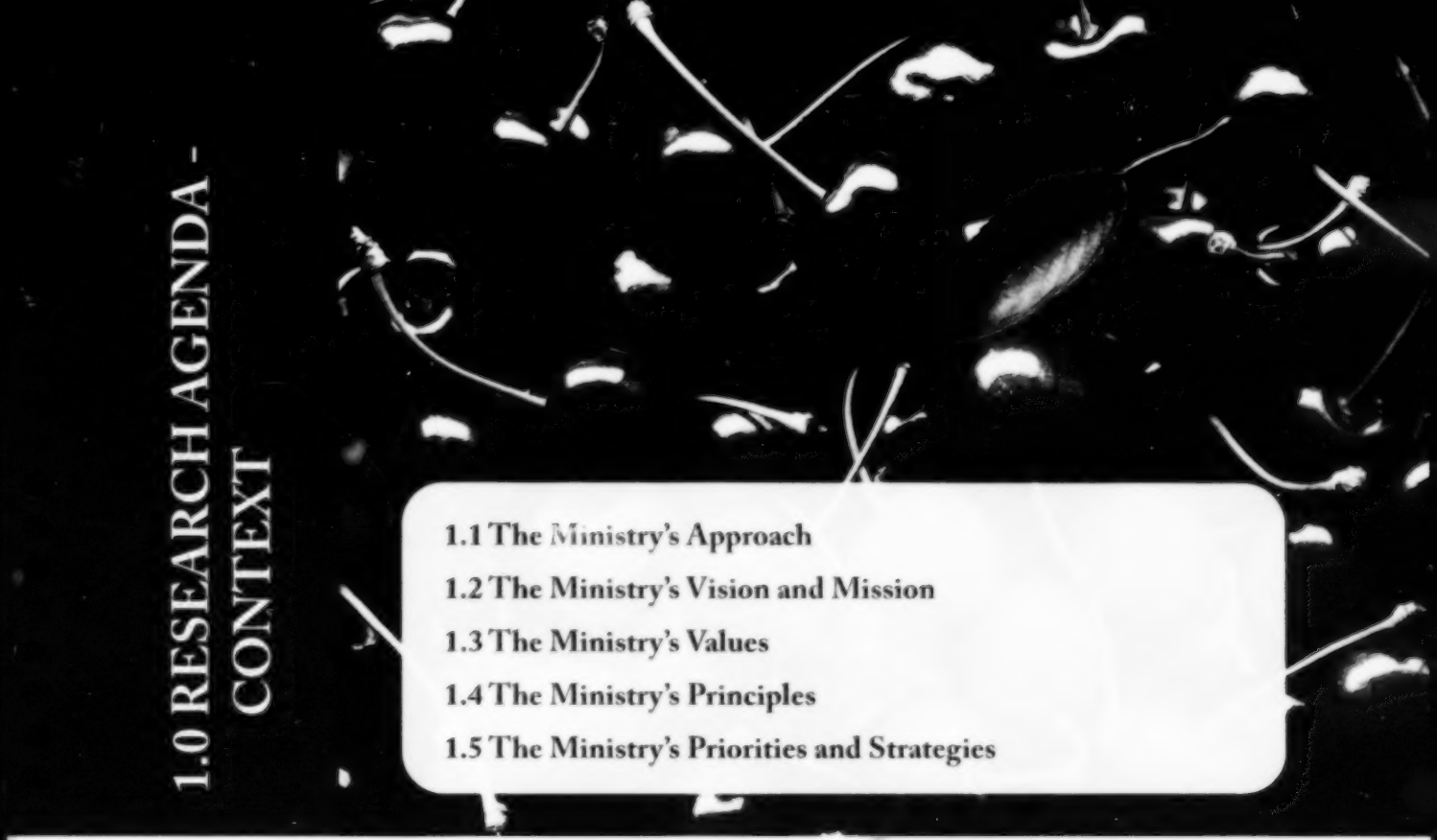
It is this type of integration and connectivity which positions the ministry well when called upon to react to a rapidly changing policy environment and to anticipate emerging issues.

To help inform the continued development, implementation and evaluation of integrated healthy living public policy and programs, the ministry will require a strong foundation of high quality research that is complementary to strategic priorities and directions. It is important for the ministry to clearly define the process for collaboratively identifying research questions, finding and addressing knowledge gaps, and engaging internal and external researchers, institutions and agencies.

This framework, and the subsequent development of a research agenda within the ministry, will centralize research and create a formal process that will serve all branches. It will identify and prioritize research needs, track both internal and external research projects, share information, and disseminate findings.

A comprehensive research agenda will:

- create a mechanism to coordinate research across the ministry;
- assist with sharing data and information;
- enhance research capacity to better address existing and emerging issues;
- help disseminate information;
- increase capability to monitor and evaluate the progress of the ministry's objectives; and,
- leverage available resources within the ministry and maximize those that are available to the ministry in order to ensure that all branches are able to participate in research activities.



1.0 RESEARCH AGENDA - CONTEXT

1.1 The Ministry's Approach

1.2 The Ministry's Vision and Mission

1.3 The Ministry's Values

1.4 The Ministry's Principles

1.5 The Ministry's Priorities and Strategies

1.0 RESEARCH AGENDA - CONTEXT

1.1 The Ministry's Approach

Our health is affected by a wide range of factors, including education, income, housing, social support and the environment. The Ministry of Health Promotion continues to advance its population health approach, which addresses the determinants of health and health disparities, in order to improve the health of all Ontarians and to ensure that those who are marginalized do not get left behind.

All research commissioned or supported by the Ministry of Health Promotion should follow a population health approach. The goal of a population health approach is to maintain and improve the health status of the entire population and to reduce the gap in the health status of different groups of people. The ministry believes that wellness and good health are important throughout the lifespan for all populations and individuals.

Groups may experience poor health outcomes because they are marginalized and more vulnerable to risk factors. This includes Aboriginal populations, some racial/ethnic minority groups, the poor, the displaced and refugees, the ill (physically and mentally), the disabled, the homeless, the obese, low literacy, and GLBTTQ (Gay, Lesbian, Bisexual, Transsexual, Two-Spirited, and Questioning) populations. These groups often struggle with health risks because they face additional barriers that are produced by the inequitable access to health determinants such as income, social support, good quality housing and clean environments; and the stresses imposed by discrimination, lack of access to health services and societal ignorance.

The ministry continues to be involved in increasing understanding of the complex issues faced by these groups, and influencing policies to reduce barriers to improve the health of all Ontarians.

These understandings are premised on the Ottawa Charter's definition of health promotion.

> The Ottawa Charter defines health promotion as:
>
> "The process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being."
>
> (Source: Ottawa Charter 1st International Conference on Health Promotion, Ottawa, Canada November 1986, http://www.ldb.org/iuhpe/ottawa.htm; accessed February 2007)

1.2 The Ministry's Vision and Mission

The ministry's founding vision of success was articulated as: Families and communities working together to enable Ontarians to lead healthy, active lives and make Ontario a healthy, prosperous place to live, work, play, learn and visit.

The vision contributes to the Ontario government's goal of "Healthy Ontarians, Healthy Ontario" and continues to inspire the ministry's direction and purpose as articulated in the mission:

- To champion health promotion in Ontario, and inspire individuals, organizations, communities and governments to create a culture of health and wellbeing;
- To provide programs, services, tools and incentives that embrace diversity, reduce health disparities and enhance wellbeing;
- To create enabling environments that make healthy choices easier;
- To harness energy and commitment of other ministries, other levels of government, community partners, the private sector, the media and public to promote health and wellbeing for all Ontarians; and,
- To make Ontario a leader in health promotion within Canada and the international community.

1.3 The Ministry's Values

- Promoting good health is a shared responsibility
- Equity
- Diversity
- Health at all ages and stages
- Sustainability

1.4 The Ministry's Principles

The Ministry of Health Promotion:

- Commits to improving health outcomes at the population level
- Recognizes that many factors affect and impact our health status
- Utilizes comprehensive strategies, in multiple settings to create healthy communities
- Focuses on upstream initiatives
- Promotes health in partnership
- Ensures decisions are informed by evidence
- Commits to accountability and transparency

1.5 The Ministry's Priorities and Strategies

A. Support Public Health Programs

- Improve health outcomes through support for Ontario's public health system

B. Chronic Disease Prevention

- Reduce avoidable death and disease related to tobacco use
- Prevent youth from starting to smoke
- Help people who smoke to quick
- Protect people from the harmful effects of second-hand smoke

C. Obesity Strategy/Healthy Eating and Active Living

- Promote a healthier Ontario by providing access to good nutrition information and other supports
- Promote physical activity
- Provide Ontarians with safe environments to participate in physical activity by improving sport and recreation infrastructure

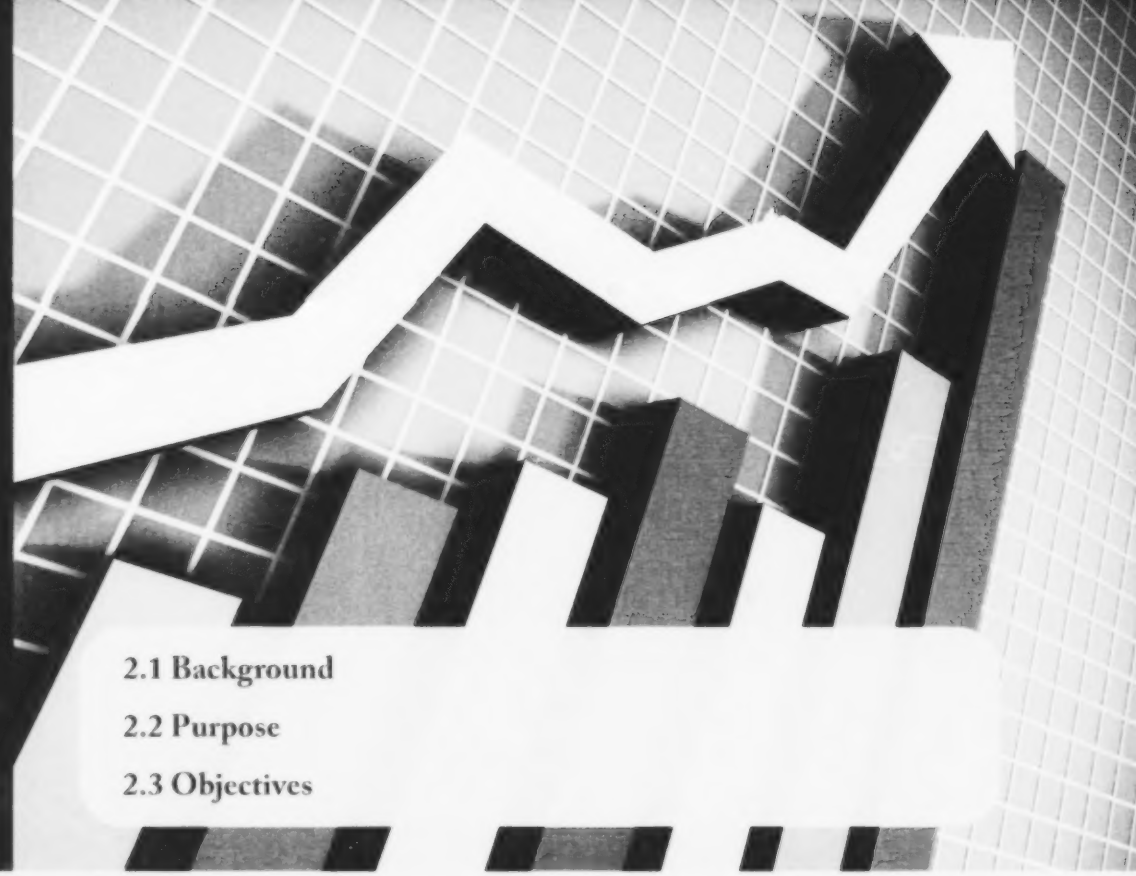
D. Sport and Athlete Development

- Support opportunities for Ontarians to participate and excel in sport

E. Mental Health and Addiction Prevention

- Promote the overall mental health and wellbeing of Ontarians
- Promote responsible gambling and alcohol use

To achieve the ministry's vision, mission and tackle its priorities, strong policies and programs are mandatory. Solid information and data from the population is essential to public policy development.



2.1 Background

2.2 Purpose

2.3 Objectives

2.0 BUILDING A RESEARCH AGENDA

2.1 Background

A strong foundation of high quality research is required to assist with policy and program development, implementation and evaluation.

Health promotion research activities are needed both within the sector and the ministry. Research helps to fill gaps in current knowledge. Historically, there has been an emphasis on disease and treatment rather than on disease prevention and health promotion.

It is important to identify the most important questions or areas for research to address and then determine how the ministry can work internally, or with external partners, to address these questions.

2.2 Purpose

The purpose of this framework is to act as a guide for program areas to:

- identify and prioritize research needs
- engage in research
- develop a process to disseminate research findings and share information

An effective research agenda must be built in an integrated manner cooperatively working with all branches and other key ministries. It is important to monitor existing research questions and findings in order to pose new questions and commission new research projects.

The goal is to obtain the highest quality of evidence available to create programs and develop policies that target the mission and priorities of the ministry (see Section 1.2 – 1.5).

In addition, the research agenda is based on the priorities of the Government of Ontario as well as the vision and mission of the ministry. These provide the context and rationale

for research needs and questions. Hence, a research agenda is not static but rather evolves as the Government evolves.

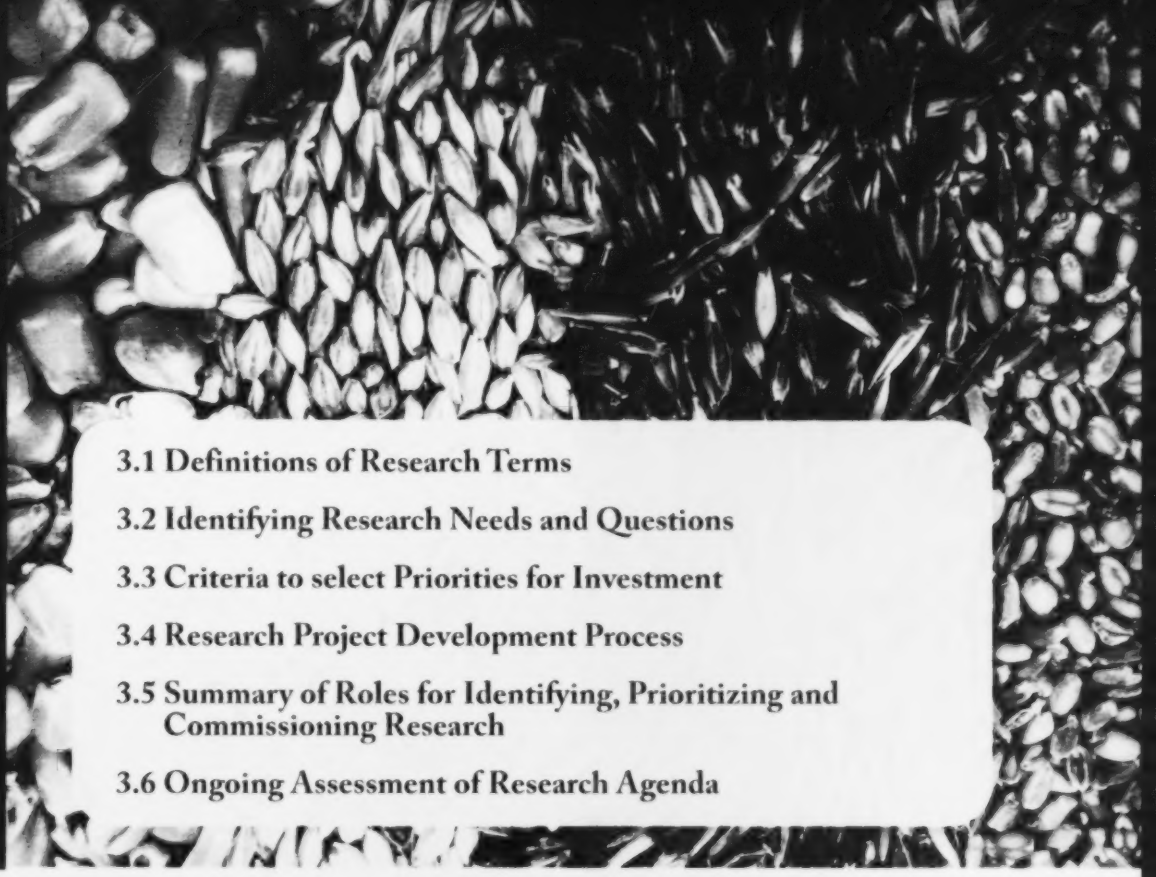
The Province of Ontario identified three main priorities in 2006:

1. Success for Students
2. Better Health
3. Jobs and Prosperity

2.3 Objectives

The objectives of this framework are to:

1. Establish a common method to identify, prioritize, and engage in integrated and collaborative research
2. Develop long-term, forward-thinking research initiatives
3. Develop a process to share research findings
4. Identify the needs for data and information
5. Align, complement and leverage the ministry's research with other key ministries



3.1 Definitions of Research Terms

3.2 Identifying Research Needs and Questions

3.3 Criteria to select Priorities for Investment

3.4 Research Project Development Process

3.5 Summary of Roles for Identifying, Prioritizing and Commissioning Research

3.6 Ongoing Assessment of Research Agenda

3.0 BUILDING A RESEARCH AGENDA - PROCESS

3.1 Definitions of Research Terms

The following definitions are used throughout the framework and may be useful in the development of research questions. Plain language definitions have been noted. For a more detailed definition in scientific terms, see Appendix V.

Epidemiology. The study of the patterns, determinants or risk factors of disease in groups of people.

Research. Designed for the purpose of producing results that may be applied to real world situations.

Evaluation. The process of determining whether an item or activity meets specified criteria:
(1) assesses the effectiveness of an ongoing program in achieving its objectives,
(2) relies on the standards of project design to distinguish a program's effects from those of other forces, and
(3) aims at program improvement through a modification of current operations. Evaluation is a decision about significance, value, or quality of something, based on careful study of its good and bad features.

Health Surveillance. Ongoing and systematic monitoring of the population for the purpose of identifying changes in health status or risk factors. Much health surveillance work that is important for health promotion can be done using existing databases or anonymous surveys.

Monitoring. The repeated observation of condition, especially to detect and give warning of change. Monitoring provides an ongoing verification of progress towards the achievement of objectives and goals.

3.2 Identifying Research Needs and Questions

Quality research is focused on relevant, useful, and important questions. Without a question, research has no focus, drive, or purpose.

Epidemiology describes patterns of disease and their determinants in populations. This contributes to an understanding of the health status and the risk factors pertinent to it. This also may generate research questions that are suitable for analytic epidemiology or other research.

For example:

- What are the leading causes of death in Ontario?
- How do these vary by age group?
- How have they changed over time?

These questions are not always answered by a formal research process but may also be addressed by various analyses, including surveillance.

Similarly, qualitative research may answer questions such as:

- What factors facilitate the adoption of a particular healthy behaviour?
- What factors serve as barriers to the adoption of a particular healthy behaviour?

The questions posed by research and the answers gathered can powerfully shape our understandings of the phenomena at play in the real world and be a guide to those who develop policy and programs to respond to those realities.

Program areas should consider the following when identifying research needs and questions:

- *Demographic profile and socio-economic trends*
  - o Trends in population (age, gender, ethnic, etc.)
  - o Geographical distribution of the population
  - o Income and its distribution, level of education and employment status
- *Health of population and population groups*
  - o Population health status and health status inequities to identify policy issues related to the ministry mandate
  - o Contextual conditions, characteristics and trends
- *Determinants of health*
  - o Determinants of health and their interactions/association to the research question
- *Available data and information specific to the research question*
  - o Available research, data and information, including evidence for effective interventions, impact assessment of various interventions and strategies
- *Application of multiple strategies*
  - o Application of a comprehensive mix of research methods
  - o Data from more than one source
- *Collaborate across sectors and levels*
  - o Early engagement of partners in order to collect relevant information and develop research partnerships
  - o Collaboration within the ministry and across ministries
  - o Collaboration across sectors and government levels
- *Capture public interest where applicable*
  - o Interest of non-governmental organizations/lobbying groups
  - o Media trends

- *Demonstrate accountability for research*
  - o Construction of a results-based accountability framework
  - o Development of effective research evaluation systems

3.3 Criteria to Select Priorities for Investment

The Research Advisory Committee will use the following criteria to select and prioritize research questions and to recommend for investment. Program areas should furnish the following information relevant to the research needs and questions to the Research Advisory Committee with their research proposals.

I) Magnitude of the Issue

The magnitude of the issue can be measured considering the following factors:

- Severity, frequency, and scope of the issue on the health of Ontarians. e.g. Percentage of the population affected, its distribution
- Current and anticipated future economic burden (direct and indirect impact) e.g. Use of health services

II) Status of the Current Response (including research, policy and programs)

The following criteria will be considered when prioritizing research questions:

- What type of research has already been done (in policy/program areas) in the subject of interest?
- Is the response effective?
- Has feedback been provided?
- What remains to be done (in policy/program areas)?
- Have research findings been used by policy or program areas?
- What high quality evidence currently exists in the literature that supports the research question?

Consultations with policy and program staff should occur to help design the research question with regard to policy influences to ensure the results are relevant and useful.

III) Ability To Affect Change

The following questions should be considered when determining research priorities:

1. Is there a modifiable health outcome related to the policy issue to be addressed through research?
2. Are there underlying cultural characteristics such as values, beliefs, preferences and traditions?
3. What is the potential impact of this on the health of the population, population group(s)?
4. Is there potential to address several health promotion issues at once through a set of integrated actions?
5. Is the underlying policy/program intervention supported by systematic, empirical evidence or cogent argument?
6. What is the technical, fiscal or political feasibility to adopt the proposed policy/program?
7. Is there a readiness by key players to adopt the proposed intervention?
8. What is the capacity at the ministry level, community level to adopt the intervention?
9. What is the readiness of Ontarians for this type of change?
10. What benefits other than health promotion benefits could be brought by this intervention and what is the associated risk?

Please note that not all factors will be applicable to all research proposals.

Example

Question: What effect will increasing the level of physical activity have on Ontarians?

Question	Answer
Is there a modifiable health outcome?	Type 2 Diabetes
Are there underlying cultural characteristics such as values, beliefs, preference and traditions?	Attitudes about physical activity within a specific sub-population (Asian Community, Aboriginal Ontarians) may be changed as a result of an intervention.
What is the potential impact?	Measured increase in proportion of the population walking 30 minutes/day.
Is there potential to address several health promotion issues at once through a set of integrated actions?	Yes. Many people link eating a well-balanced diet and participating in some type of regular exercise.
Are there proposed interventions supported by systematic, empirical evidence or cogent argument?	Well-researched community interventions (i.e. Stanford Five-City Project, Minnesota Heart Health Program)
What is the technical, fiscal or political feasibility?	MHP has a political mandate to increase the physical activity of Ontarians. There are funds allocated for this.
Is there a readiness by key players to act?	Yes. Cancer Care Ontario, Parks and Recreation Ontario are all in support of increasing physical activity.
What is the capacity?	The non-governmental organization community has the proven capacity to work with MHP to deliver well-designed programs and services.
What is the readiness of Ontarians for change?	Previous studies have indicated that healthy eating and physical activity are two of the areas where Canadians are prepared to make positive changes in their lives.

IV) Appropriateness

Research projects should conform to the overall objectives of the ministry. The following are considered when determining the appropriateness of a research project:

a. Research need or question should be within the mandate of the ministry

b. Levers should be available to the ministry to make a significant impact

c. Extent of value added

d. Ease of implementation

e. Public support (this could include current level of satisfaction and degree to which the system is undergoing evolution or reform)

V) Resource and Capacity

- Recognition of the limited financial and human resource availability within the ministry to undertake research
- Potential to work with other ministries to share costs and make use of knowledge of others in specific areas
- Development of partnerships with outside institutions

VI) Cost Effectiveness

- Is the research cost-effective?

3.4 Research Project Development Process

PHASE 1: Draft Research Question(s)/Request

On an annual basis, the Research Advisory Committee (See Appendix IV for details and membership) will open discussions and make a call to branches for a research proposal (research questions and needs including program evaluation). Alternatively, a program area may submit an urgent research proposal to the Research Advisory Committee if necessary.

In response to the advisory committee's call, the respective branches will identify and prioritize preliminary research considerations based on emerging policy and program issues and understandings of current research.[1]

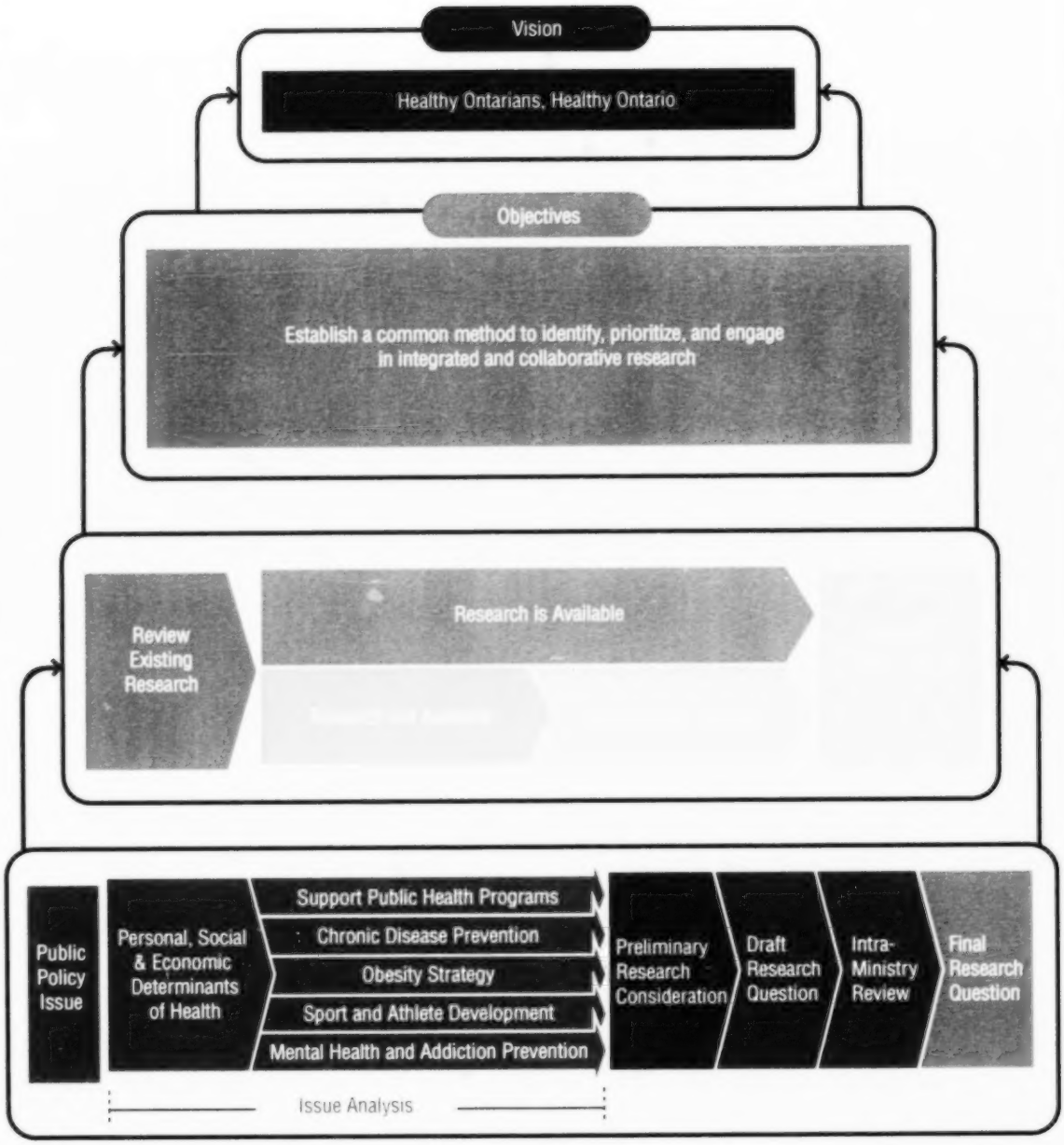
- Each branch identifies preliminary research considerations in consultation with research, policy and program staff.
- A branch can seek the help of research or policy staff in other branches if necessary to develop a formal research question.
- Draft research questions are reviewed to identify areas of common interest among branches, avoid duplication and align with broad objective of the ministry. The Research Advisory Committee can help branches at this stage.
- The branch completes the *Ministry of Health Promotion Request for Research Needs and Questions* template for each research need and question and forwards to the Research Advisory Committee for review.
- Literature reviews, syntheses and meta-analyses may be commissioned where appropriate. The SPPB librarian may also provide some basic support in reviewing related literature throughout Phase 1.

PHASE 2: Assessment of the Research Request

- Once the Research Advisory Committee receives the *Ministry of Health Promotion Request for Research Needs and Questions* templates from a branch, the committee will consult with the branch to review the submission and clarify as necessary.
- The Research Advisory Committee will then situate the agenda within broader MHP objectives.

[1]Please note that in the case of MHP's Communication Branch, this process does not intend to interfere with the current mandated process for commissioning market-based research.

Figure 1: Research Agenda Development Process



- Both the Research Advisory Committee and the branch will work together to examine whether information is already available to answer the question proposed. The Strategic Policy and Planning Branch (SPPB) librarian may also be requested to review available research. If information or data is already available, the branch may develop or modify the policy/program position. If information or data is not available, the research proposal will be forwarded to the Senior Management Committee for approval and prioritization.

PHASE 3: Approval and Prioritization

- Once the Research Advisory Committee recommends the request, it is forwarded to SMC for approval and prioritization.

PHASE 4: Complete Research

- When SMC has approved the request, the program area may begin to undertake the research. To purchase services for research, monitoring, and evaluation, the ministry will follow the process that has been established by Ontario Shared Services (OSS). See Appendix III for details.

3.5 Summary of Roles for Identifying, Prioritizing and Commissioning Research

Role of Strategic Policy and Planning Branch

- Executive Lead
- Coordinate the research agenda development process
- Chair Research Advisory Committee
- Provide capacity building support for literature reviews

Role of Program Area/Business Services/Communications

- Consider and identify key research needs and questions in consultation with stakeholders and partners (i.e. other ministries)
- Align research agenda with performance measurement process
- Hold regular forums for staff to participate in research-related discussions
- Dialogue with Research Advisory Committee on program area research activities to ensure that research needs are addressed within the broad context of the ministry's mandate
- Identify financial resources to support the research agenda

Role of Research Advisory Committee

- Ensure research agenda is aligned within ministry objectives.
- Advise program areas on how to design research projects and guide with the development of research questions and needs.
- Support the development of research methodology to address research questions and needs.
- Report progress to SMC.

Role of Senior Management Committee

- Review and approve research agenda
- Sponsor RAC

3.6 Ongoing Assessment of Research Agenda

Although the Research Advisory Committee will formally release a call for research proposals on an annual basis, there may be circumstances in which a program area may submit an urgent research request. These circumstances may include:

- A change in priorities
- Follow-up on identified gaps based on changing or emerging priorities
- New research findings
- New research methodologies

- New tools
- New best practices
- A revision of the ministry's strategic planning tools

The Research Advisory Committee periodically assesses the research agenda and research agenda framework to accommodate these circumstances.

4.0 TRACKING EXTERNAL RESEARCH

This section looks at details for tracking research conducted by other ministries, outside agencies and institutions.

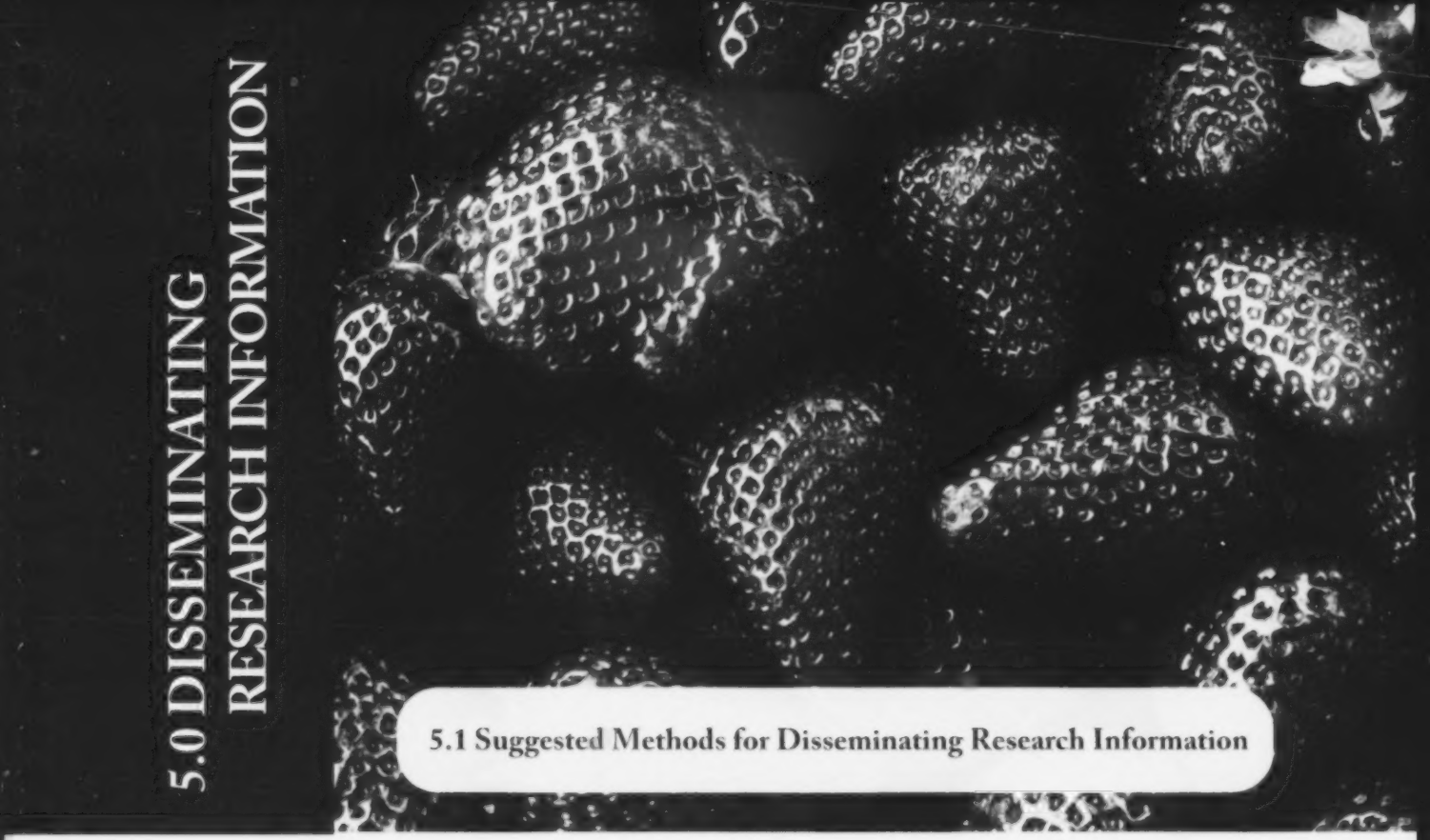
4.1 Obtaining External Research

There are two primary categories of research that are conducted by agencies or institutions that are relevant and important for the ministry to track:

a. Regular studies or surveys (e.g. reports/data from Statistics Canada).

b. One-time or intermittent studies or surveys (e.g. research released by the Institute for Clinical Evaluative Sciences).

Program areas are responsible for tracking research/surveys and obtaining external research based on their program needs. Program areas prepare briefing notes and share with the MHP community when relevant research is released. They are also responsible for cataloguing and sharing research as necessary. The Strategic Policy and Planning Branch keeps a combined list of research released and prepares briefing notes on issues that are not directly related to program areas and to share with the MHP community.



5.1 Suggested Methods for Disseminating Research Information

5.0 DISSEMINATING RESEARCH INFORMATION

Researchers should strive to return to their audience something that is digestible, quick, precise, yet sufficiently comprehensive.

In the absence of a ministry-wide program on the dissemination of research information, program areas are responsible for disseminating research within their mandate. The Strategic Policy and Planning Branch coordinates this process. In addition, SPPB works with Health Services Cluster I and IT to establish a section in the ministry intranet for research information.

5.1 Suggested Methods for Disseminating Research Information:

- SPPB to establish and maintain a section on the ministry intranet site for research information/updates. Program areas regularly provide research information to update this site.
- SPPB to organize regular email updates to all ministry staff concerned with research information.
- Use Knowledge Management Community of Practice as a mean of disseminating.
- Use the computer server's shared hard drive to archive research information and reports and regular updated research information. Set up password protected access to the archive. Program areas provide research information necessary to maintain this archive and SPPB coordinates this activity.

- Regular communication by program areas between research and policy communities to stay apprised of research projects and findings.
- Prepare a "Research Brief" by the program area with the help of the Research Advisory Committee when research is released, and share it with the ministry community.

6.0 SUPPORTING AND INFLUENCING RESEARCH

It is well-documented that the health of a population is determined by many inter-related factors. To promote healthy choices and healthy living, an inter-ministerial approach contributes to reaching that goal. By sharing information with other ministries whose work impacts health determinants, the probability of realizing the outcome is more likely. Hence, it is beneficial to unite the resources of all overlapping interests within the government.

Ministries with interests overlapping with the Ministry of Health Promotion include:

- the Ministry of Health and Long-Term Care
- the Ministry of Education
- the Ministry of Agriculture, Food and Rural Affairs
- the Ministry of Research and Innovation
- the Ministry of Aboriginal Affairs
- the Ministry of Labour
- the Ministry of Transportation
- the Ministry of Training, Colleges and Universities
- the Ministry of Children and Youth Services
- Ontario Seniors Secretariat
- the Ministry of Community and Social Services
- the Ministry of Finance

Influencing these ministries to incorporate health promotion interests into their research programs will help to understand and solve complex issues whose solutions lay outside the scope of a single ministry.

Other key actions to influence research include:

- Supporting research that is of interest to the ministry
- Ensuring health promotion research is more attractive to researchers
- Stimulating creativity of health promotion research through competitions and related activities
- Providing an opportunity for MHP staff to interact with other ministries, universities, stakeholders and non-governmental organizations
- Tracking health promotion-related research conducted by universities, non-governmental organizations and other institutions.
- Developing an infrastructure within the ministry staff of research knowledge and experience
- Enhancing the diversity of skills sets in staff with those who have strong research backgrounds
- Providing the opportunity for policy, program, and communications staff to interact with research communities within the Ontario Public Service as well as outside, through participation in research conferences, workshops, etc.
- Developing and broadening provincial infrastructure for conducting health promotion research with non-governmental organizations and the private sector

7.0 CONCLUSION

The development of a framework for a research agenda is critically important to program delivery and the policy development process in the ministry.

The research agenda itself stems from needs identified by patterns of health or injury or disease.

Research builds a solid foundation for the ministry to build sound policies and programs that consider the Government's agenda and meet the ministry's goals for healthy Ontarians.

This framework provides a structure for research questions to be raised, developed, prioritized, conducted, and outlines how to effectively share results to maximize exposure. The resulting research agenda will assist the ministry in upholding its bold vision for a Healthy Ontario.

APPENDICES

Appendix I: MHP Research Projects (2005 – 2007)

Appendix II: Current Research Landscape

Appendix III: Purchasing of Services

Appendix IV: MHP Research Advisory Committee (RAC)

Appendix V: Glossary

Appendix I: MHP Research Projects (2005 – 2007)

Sport and Recreation Branch

The Sport and Recreation Branch commissioned three research projects through the Canadian Fitness and Lifestyle Research Institute, mainly for the purpose of monitoring physical activity programs.

1. Physical Activity Monitor and Capacity Studies

   Ongoing since 1995

   National surveillance system adopted by the federal government and the provinces/territories to track the level of physical activity in Canada. It determines factors that limit or support participation in physical activity.

2. National Children and Youth Survey

   Ongoing since 1995

   National surveillance system project cooperatively conducted by the federal government and the provinces/territories to determine the level of physical activity of children/youth aged 5-19. Measures are obtained from children who agree to wear a sophisticated pedometer to track daily number of steps taken.

3. Sport Monitor

   Ongoing since 1995

   National surveillance system project cooperatively conducted by the federal government and the provinces/territories to track the level of sport participation in Canada. It is similar in approach to the Physical Activity Monitor. This telephone survey determines participation levels and examines factors that support or deter sport participation.

Chronic Disease Prevention and Health Promotion Branch

The Chronic Disease Prevention and Health Promotion Branch is funding eight research and evaluation projects:

1. **Ontario Heart Health Program In-Depth Evaluation**

   To be completed in 2008

   The objective of this project is twofold:

   i. To identify local programs with promising or demonstrated impact that could be disseminated provincially.

   ii. To identify the essential elements and critical success factors of effective community programs so they can be replicated.

   This project will assist with the process of identifying effective physical activity, healthy eating and tobacco prevention programs that will contribute to reducing illness from smoking, obesity and environmental pollution.

   The Health Communication Unit of the University of Toronto, Centre for Health Promotion is coordinating this study.

2. **Monitor and evaluate healthy eating and physical activity trends – Nutritional Component**

   2006/07 – 2007/08

   This study involves an in-depth analysis of the Canadian Community Health Survey (cycle 2.2) data which focuses on income, nutrient and food intake and physical activity of Ontarians.

   The Public Health Research and Education Development Program is sub-contracting the Department of Nutritional Sciences in the University of Toronto to conduct this study.

3. **School Health Environment Survey Tool Development**

   2005/06 - 2007/08

   The objectives of this study are to:

   i. Develop and adapt a survey tool to assess the food and physical activity environment in Ontario's anglophone and francophone elementary, middle and secondary schools based on similar surveys.

   ii. Develop a protocol for implementation of the survey tool and test the survey tool. The consulting agency is the Public Health Research and Education Development Program.

   The intent is for a pilot project followed by provincial implementation.

4. **Evaluation Plan for Healthy Eating and Active Living Strategy**

   2006/07 – 2007/08

   This study will develop an evaluation framework and plan for the Healthy Eating and Active Living Strategy with program logic models including indicators to be used in monitoring the implementation and impact of the overall strategy. The consulting agency is the Public Health Research and Education Development Program.

5. **Validation of a Web-based Survey for the Assessment of Dietary Intake in Ontario Children and Adolescents**

   2005/06 – 2006/07

   The objective of this study is to validate a web-based survey tool to assess dietary intakes among students from grades 6-8.

   The 2004 issue of Ontario's Chief Medical Officer of Health Report, "Healthy Weights, Healthy Lives", identified, as a Government of Ontario recommendation for action, to: "conduct ongoing province-wide health

surveillance for chronic disease risk factors, including weight, physical activity and dietary intake, and using this information to inform policy and program decisions provincially and at the local health unit and municipal/regional level".

To support this action, there is a need for practical, valid and reliable tools to assess and monitor the diet of Ontario children and adolescents.

The consulting agency is the faculty of Health Sciences at the University of Waterloo.

6. **Follow-up Capacity Survey and Needs Assessment of Ontario Health Promoters**

   2002/03 – 2006/07

   The objective of the capacity surveys is to assess change in health promoters' capacity for the planning, implementation, evaluation and sustainability of their health promotion programs.

   The needs assessment will identify the needs of health promoters.

7. **Follow-up Network Survey of Ontario Health Promoters**

   2002/03 – 2004/05

   This study will provide a detailed analysis of collaborative relationships among Ontario Health Promotion Resource System members.

   Ontario Health Promotion Resource System – Evaluation and Needs Assessment Committee is the consulting agent conducting this study.

Smoke-Free Ontario Strategy

The Smoke-Free Ontario Strategy funded the following research through The Ontario Tobacco Research Unit.

The research projects are related to the ministry's goal and performance measures. The Smoke-Free Ontario Strategy also provided funds to the Ontario Tobacco Research Unit to enhance monitoring of the Smoke-Free Ontario Strategy programmes in order to assess progress at the provincial level and progress towards publicly-announced government targets.

Research projects include:

1. **A personal exposure study of bar workers to second-hand smoke conducted in the Toronto area**

   2005-2007

This study assesses and compares second-hand smoking exposure among bar workers before and after the final phase of the smoke-free bylaw implementation in the Greater Toronto Area in June 2004. As well as documenting second-hand smoking exposure, estimates of lifetime-combined-excess-risk for lung cancer and heart disease will also be calculated.

2. **Environmental Tobacco Smoke in the Home: A National Survey; completion of regional reports, scientific journal papers, and research updates related to the analysis of this survey's data**

   2005-2007

A national survey funded by the National Cancer Institute of Canada was undertaken in 2001-02 that provides regional estimates on knowledge, attitudes, and practices relating to environmental tobacco smoke in the home. Ministry funding supported additional reports from these data.

3. **New Directions for Research on Second-Hand Smoke: Exposure Assessment in Public and Private Settings**

   2005-2007

Pilot work and research proposal development for the biological and atmospheric measurement of second-hand smoking exposure on restaurant and bar patios, in vehicles and in multi-unit dwellings.

This research will provide science-based information for those involved in tobacco control and for future regulatory development.

4. **Workplace Smoking Restrictions and the Smoking Behaviour of Workers. A survey data analysis to assess the impact of workplace smoking restrictions on the smoking behaviour of workers**

   2005-2007

This study will update and extend recent analyses of workplace smoking restrictions and the smoking behaviour of workers with a newer data set (2003 vs. 2001 Canadian Community Health Survey, and 2003 C ntre for Addiction and Mental Health Monitor) and more sophisticated analysis (logistic and multiple regression vs. cross-tabulations).

5. **Reducing Smoking in Outdoor Public Places: An Environmental Design Approach**

   2005-2007

An enhancement to an ongoing study funded by the Canadian Cancer Society to identify the physical and social factors that influence smoking behaviour. Ministry funding will increase the number and type of observations which will take place. In addition, an agenda for further research will be developed, and questions for future population-based surveys to monitor attitudes toward smoking in outdoor public places will be established.

6. **On the Front Line: Exploring the Expanding Roles of Pharmacists in Tobacco Cessation**

   2005-2007

A survey of practising community pharmacists in four Canadian provinces was funded by the National Cancer Institute of Canada. The survey queried pharmacists' education, practices, attitudes, and factors facilitating their tobacco-related practice. At the same time, a survey of the Ontario public was carried out by adding relevant questions to the "Centre for Addiction and Mental Health Monitor".

Ministry funding is supporting further data analysis and report generation, including an analysis of pharmacists' practice using health behaviour theories to examine correlates of tobacco-related practice.

7. **Protecting Children's Health: The Role of Canadian Family Physicians and Paediatricians in Addressing Second-Hand Smoke in Home Environments**

   2005 - 2007

A survey of a sample of Canadian family physicians and paediatricians, funded by the Sick Kids Foundation asked physicians about their background, education, practice with parents of child patients with and without respiratory disease, and their attitudes toward policies regarding second-hand smoking in homes. Ministry funding is supporting further analyses and reports from these data.

8. **Survey of Ontario Addiction and Mental Health Treatment Facilities Regarding their Tobacco-Related Policies and Practices**

   2005 - 2007

This study involves a survey of Ontario-designated addiction and mental health treatment facilities to collect data about their policies regarding smoking at the facility and smoking

cessation programs offered to patients. The results will inform provincial policies regarding smoking policies and smoking cessation in addiction and mental health treatment facilities.

9. **Web-Assisted Tobacco Interventions: Disseminating Evidence-Based Treatment to Online Smokers in Ontario**

   2005-2007

An Ontario-based extension of a study being conducted in collaboration with Berkeley University, funded by the Centers for Disease Control.

Ministry funding is allowing the development of specific content for Ontario smokers and comparison of the effectiveness of web-based versus mailed self-help manuals in helping smokers in Ontario to quit. A cost analysis of this modality with telephone quit-lines is also being conducted.

10. **Making Smoking Cessation Pharmacotherapy Available and Accessible to all Ontarians: A Policy Analysis**

    2005-2007

This project involves a systematic review of cost benefit studies for the payment of stop-smoking medications, examining different models of existing coverage and developing the best advice for the coverage of these medications in Ontario.

11. **Tobacco Marketing at Point-of-Sale**

    2005-2007

An observational study to describe the types and extent of tobacco marketing at point-of-sale before and after implementation of the Smoke-Free Ontario Strategy. Twenty-four stores in each of 20 Ontario communities were originally observed in the spring of 2005 (with funding from the Canadian Tobacco Control Research Initiative).

To evaluate the point-of-sale provisions of the Smoke Free Ontario Act, repeated observations in these original stores will be made to document the types and extent of tobacco marketing that exists in April and May 2006 before the regulations come in to force, and once again after the regulations are in force.

Communications Branch

1. **Youth Healthy Eating Active Living Campaign**

   October 2006

The purpose of the focus group research was to test a series of statements dealing with healthy eating and/or physical activity. These statements were presented as potential taglines to be used in the "It's Not Gonna Kill You" campaign. Example ad spots drawn from this campaign were shown at the beginning and at the end of the groups ("closet, followed by "lunch"). Participants were asked to think about the statements in the context of the first ad, "closet".

2. **"It's Not Gonna Kill You"**

   March/April 2007

Through both quantitative and qualitative research methods, the ministry will determine how best to target Ontario's youth aged 12 to 15 with the dual messages of healthy eating and active living. Research objectives are as follows:

1. To measure our target audience's awareness of the It's Not Gonna Kill You campaign as a whole;
2. To measure our target audience's awareness of the website: notgonnakillyou.ca;
3. To determine the best way(s) to expand the site (e.g. what type of content); and
4. To identify technologies, formats and interfaces that will allow us to build on the site in a way that will resonate with our target group.

Understanding what Ontario youth in this age group will respond to will allow the ministry to effectively expand the concept and content direction for the website, notgonnakillyou.ca, and build additional program elements into the initiative.

3. Aboriginal Second-Hand Smoke Campaign

   January 2007

A telephone survey of Aboriginal Ontarians was conducted to test recall of the second-hand smoke ad campaign directed at Aboriginal communities. This included print and radio ads, as well as promotional materials (poster, pamphlet, hand-out or fact sheet).

4. The Ministry of Health Promotion Adult Walking Campaign

   February 2007

The Ministry of Health Promotion is proposing to continue its Adult Walking Campaign to increase awareness about the health benefits of walking and to encourage the target group (male/female, with emphasis on females 45 + years). Focus group research was conducted to ensure that campaign messages and elements effectively reach the target audience. Specific objectives included:

1. To test three specific campaign concepts with the target audience.
2. To explore tag lines, key messages and the creative to determine the strengths, weaknesses and creative execution of each concept to determine the most effective potential campaign prior to production.
3. To gain additional insights from the target audience that may shape additional elements of the campaign and provide for baseline qualitative results.

5. Baseline Research on Awareness of Injury Prevention In Ontario

   March 2007

Prior to implementation and roll-out of the ministry's proposed Strategy on Injury Prevention and development of public education materials, there is a need to obtain baseline information to assess awareness of injury prevention among Ontarians. The quantitative data resulting from this research will assist in creating a community-based public education campaign that will assist the ministry in raising awareness about the risk of injuries, and that injuries are predictable and preventable and not just "accidents".

Objectives of this research are:

1. To poll Ontarians about their awareness of injury prevention and gain quantitative results.
2. To gather research and information that will inform development of key messages, communications or marketing materials.
3. To assess whether the proposed injury prevention strategy responds to the needs of target audiences.
4. To complement existing baseline data collected by ministries that undertake other injury prevention activities (e.g., Ministry of Labour - workplace, etc.).

Appendix II: Current Research Landscape

This section presents development in the Ontario Public Service and externally that can have an impact upon the ministry's research agenda. Please note that this list is not exhaustive, but rather a sample of the current landscape.

1. Ontario Agency for Health Protection and Promotion

The Government established the Ontario Agency for Health Protection and Promotion in 2007.

The proposed mandate of the Agency is to provide scientific and technical advice for those working to protect and promote the health of Ontarians. The Agency Implementation Task Force has identified six functions in three areas of specializations as potential functions for the Agency that have relevance to a range of ministries including the Ministry of Health Promotion. The proposed functions of the Agency include health promotion and chronic disease and injury prevention. It will require close alignment with the ministry to reduce duplication of programs and services.

Proposed Functions of the Ontario Agency for Health Protection and Promotion

- Surveillance and Epidemiology
- Research
- Knowledge exchange
- Laboratory services
- Professional development
- Communication

Areas of Specialization

- Infectious diseases (including infection prevention and control)
- Health promotion, chronic disease and injury prevention
- Environmental health

2. Ontario Research Chairs

http://orc.cou.on.ca/

The May 2005 Ontario Budget established eight new Ontario Research Chairs in Public Policy.

The purpose of the chairs is to attract top policy researchers to Ontario universities and to significantly increase their ability to inform public policy through the highest quality of research, inquiry and policy analysis.

The investment increases Ontario's capacity to address key public policy issues of social importance and economic prosperity. Health policy and system design are key areas of focus.

The Research Chairs will enhance the connection between academia and government public policy agendas.

Through a clearly articulated Research Agenda and framework, the ministry will be well-positioned to collaborate with Chairs specializing in the ministry sectors.

3. Policy Innovation and Leadership

http://intra.pil.gov.on.ca/

The Policy Innovation and Leadership project in the Cabinet Office is comprised of 56 Assistant Deputy Ministers working in policy throughout the Ontario government.

It is a professional policy community that is engaged in continuous learning.

Policy Innovation and Leadership

Its objectives are to deliver innovative, strategic, integrated evidence-based policy analysis and advice in support of the government's priorities.

The Policy Innovation and Leadership team is developing a list of research contact people in all ministries in the Ontario Public Service plus an inventory of ongoing research projects.

Its website provides links to various policy research resources such as Ontario Government libraries, Ontario Research Chairs, and public policy institutes and research networks. http://opspolicy.gov.on.ca/scripts/index

The ministry's close working relationship with the Policy Innovation and Leadership team developed as a result of the ministry's efforts to develop a Research Agenda.

The Policy Innovation and Leadership team efforts will enable staff and researchers to be connected with emerging policy research projects as well as adopt tools and techniques to develop better policy research.

4. Canadian Institute for Health Information (CIHI)

   http://secure.cihi.ca/cihiweb/splash.html

Canada's federal, provincial territorial government created the Canadian Institute for Health Information (CIHI) as a independent, not-for-profit organization dedicated to forging a common approach to Canadian health information.

Canadian Institute for Health Information has four areas of focus:

Health care services
Health spending
Health human resources
Population health

Canadian Institute for Health Information collects and analyzes data in many areas including health human resources, health spending and health services. Canadian Institute for Health Information collects data from hospitals, regional health authorities, medical practitioners and governments.

5. Institute for Clinical Evaluative Sciences (ICES)

   http://www.ices.on.ca

The Institute for Clinical Evaluative Sciences is an independent, non-profit organization that conducts health services evaluations on a broad range of topical issues to enhance the effectiveness of health care for Ontarians. Internationally recognized for its innovative use of population-based health information, ICES research provides evidence to support health policy development and changes to the organization and delivery of health care services.

ICES' key objectives are to:

- Carry out population-based health services evaluation that is relevant to clinical practice and health policy development;
- Document province-wide patterns and trends in health care delivery;
- Develop and share evidence to inform decision-making by policy makers, managers, clinicians, planners and consumers;
- Promote linkages among health services researchers and decision-makers; and,
- Train researchers and promote a wider understanding of clinical epidemiology and health services evaluation.

6. Canadian Centre for Policy Alternative (CCPA)

   http://www.policyalternatives.ca/

The Canadian Centre for Policy Alternative offers media commentary, background information and research findings on current social and economic issues at the national and provincial levels. Canadian Centre for Policy Alternatives produces a range of products such as news releases, editorials, summaries, backgrounders and policy briefs of interest to governments, communities, and public and post-secondary educators.

7. Canadian Policy Research Network (CPRN)

http://www.cprn.com/index.cfm?l=en

The Canadian Policy Research Network is a non-profit policy think tank with a voluntary board of directors. Canadian Policy Research Network 's mission is to create knowledge and lead public dialogue and debate on social and economic issues important to the well-being of all Canadians. In order to achieve this mission, the Canadian Policy Research Network:

- Undertakes research that guides decision-makers as they craft social and economic policy.
- Enriches its research by bringing together Canadians from all walks of life including citizens, NGOs, universities, voluntary organizations, unions, business and government to discover solutions for improving economic performance and quality of life.
- Provides a neutral space where decision-makers, stakeholders and the public can feel comfortable sharing different perspectives and advancing new ideas.

8. Canadian Institutes of Health Research (CIHR)

http://www.cihr-irsc.gc.ca/

The Canadian Institutes of Health Research (CIHR) is the major federal agency responsible for funding health research in Canada. It aims to excel in the creation of new health knowledge, and to translate that knowledge from the research setting into real world applications. The results are improved health for Canadians, more effective health services and products, and a strengthened Canadian health care system.

The work of the Institutes embraces the four pillars of health research: biomedical; clinical; research respecting health systems and services; and the social, cultural and environmental factors that affect the health of populations.

9. Integrated Pan-Canadian Healthy Living Strategy

http://www.phac-aspc.gc.ca

The need for a pan-Canadian healthy living approach was expressed in 2002 by the Federal/Provincial/Territorial Ministers of Health. Every province and territory in Canada and the federal government has adopted a physical activity target of increasing regular levels of physical activity by 10% and healthy eating and healthy weight targets. After an extensive consultation, a pan-Canadian healthy living target was established of a 20% increase of Canadians who are physically active, eat healthily and are at healthy body weights. In order to achieve this target, a Healthy Living Integrated Research and Surveillance Agenda has been established to address current infrastructure such as: lack of data, limited coordination within and among sectors, limited capacity for research and surveillance and limited understanding of what interventions will best support healthy living.

The healthy living strategy offers a means to ensure greater alignment, coordination and direction for all sectors. It provides a forum for multiple players to work collaboratively to achieve common goals, share best practices and leverage ongoing work in provinces and territories.

10. Census Partnerships

The Ministry of Finance has established a "Census Partnership of Ontario Ministries". It is a cross-government initiative to provide access to detailed info for all Ontario ministries from Statistics Canada's 2001 and 2006 Census of Population.

Specifically, the Census Partnership provides the ministry with benefits such as unlimited access to all standard data products from both the 2001 and 2006 census through

a restricted-access website hosted by Statistics Canada.

Members of the partnership can request specific types of data tabulations based on their needs at shared cost. This initiative will facilitate greater cooperation between analysts across the governments.

11. Health Information and Resource Directory

The Health Information and Resource Directory is an online reference tool for use by policy and planning analysts and decision-makers.

The Health Information and Resource Directory

- Is an enhanced directory
- provides basic information on information holdings
- provides contact information for decision support
- provides additional information specific to the profile (e.g. data aggregation levels, or analyst's particular areas of expertise).

The Directory was developed by the Ministry of Health and Long-Term Care, and is intended to be a guide to information resources, data warehouses and tools managed by the Ministry of Health and Long-Term Care and affiliated agencies. It is useful to policy and planning analysts and decision and policy-makers.

As an integral part of the Health Results Team for the Information Management Project, the tool is intended to simplify the process of locating information resources and data providers.

The ministry has access to this resource directory which will likely be a useful tool for the ministry staff to search for data.

12. Ontario Health Quality Council

http://www.ohqc.ca/en/index.php

The Ontario Health Quality Council was created by the Government of Ontario in 2005 as an independent body formed to monitor the Ontario health care system and report to the public on its performance.

The Ontario Health Quality Council is an independent agency funded by the Government of Ontario through the Ministry of Health and Long-Term Care.

Mandate:
The Ontario Health Quality Council mandate is to:

(a) Monitor and report to the people of Ontario on,

  (i) Access to publicly funded health services,

  (ii) Health human resources in publicly funded health services,

  (iii) Consumer and population health status, and

  (iv) Health system outcomes; and

  (v) Support continuous quality improvement.

Role:
The role of The Ontario Health Quality Council is to enhance accountability to Ontarians by independently and objectively reporting on the quality of the health system and to help Ontarians better understand its underlying factors.

Goal:
The goal of The Ontario Health Quality Council is to provide Ontarians, government and professional bodies with relevant evidence-based information to help them make better decisions about the health care system.

The work of The Ontario Health Quality Council is supported by a small team based

in Toronto. It is supported by two committees: Communication and Operations plus Audit.

13. Ontario's Health Promotion Resource System

http://www.ohprs.ca/

The Ontario Health Promotion Resource System is a network of organizations that support people and organizations doing health promotion work in Ontario. It functions as a coordinated, well-understood and easily accessed system that effectively supports health promoters in Ontario.

Health promoters include those who work to promote health as defined in *The Ottawa Charter*, regardless of professional designation. Health promoters include people, organizations, and groups from various sectors. Health promotion work may be paid or voluntary.

Many Ontario Health Promotion Resource System clients work in public health units, Community Health Centers, or non-profit organizations. Clients are also affiliated with universities, schools, recreation groups, environmental groups, self-help groups, and others. Several members serve the general public directly.

Goals of the Ontario's Health Promotion Resource System:

- Increase the capacity of health promoters through member organization and collective efforts. Members provide services: training, consultation, print and electronic resources, network building opportunities and referrals. The system as a collective provides additional services to health promoters.
- Increase the capacity of its members to achieve their goals by coordinating some activities and providing common service definitions, evaluation protocols and intranet services to its members.
- Improve the linkage between the members and the Ministry of Health and Long-Term Care through a collective voice.

Expected Outcomes of The Ontario Health Promotion Resource System:

- Improved access for health promoters to OHPRS services, recognizing community diversity in language, culture, geography, and other factors.
- Improved capacity to respond as a system to emerging trends and opportunities.
- Increased confidence that the collective work of OHPRS members will improve population health outcomes in Ontario.
- Increased government and member conviction that OHPRS provides good value for money invested.
- Increased awareness about the value of health promotion.

14. Knowledge Ontario

http://knowledgeontario.ca/

Knowledge Ontario is a collaboration of libraries, cultural heritage organizations and educational institutions.

The focus is on connecting Ontarians with digital content to support their information and learning needs.

The database addresses many types of information needs from business profiles to legal questions in a variety of formats - journal articles, newspapers, reports, eBooks and databases. Many of these documents are available in full text, enabling researchers to find authoritative information quickly.

15. Statistics Canada

www.statscan.ca

Statistics Canada is a federal agency that is responsible for the collection of statistics. Statistics Canada's data collection covers major themes including health. The data collected through the Canadian Community Health Survey, and the Canadian Health Measures Survey is important for MHP.

The primary objective of the *Canadian Community Health Survey (CCHS)* is to provide timely cross-sectional estimates of health determinants, health status and health system utilization at a sub-provincial level (health region or combination of health regions).

The *Canadian Health Measures Survey (CHMS)* aims to collect key information relevant to the health of Canadians (including information related to nutrition, smoking habits, alcohol use, medical history, current health status, sexual behaviour, lifestyle and physical activity, the environment and housing characteristics, as well as demographic and socioeconomic variables) through a household questionnaire (face-to-face Computer-Assisted Personal Interview) and direct physical measurements.

Furthermore, *Research Data Centres (RDC)* provides researchers with access, in a secure university setting, to microdata from population and household surveys. The centres are staffed by Statistics Canada employees and provide opportunities to: develop a network of research centres across the country in both larger and smaller population centres; and train a new generation of Canadian data specialists.

Appendix III: Purchasing of Services

As a public institution to purchase external services – either in the form of program evaluation, performance measure or other similar consulting services including research requires vigilant and thorough planning to fulfill the extensive requirements.

The Ontario Public Service sets forth a competitive procurement process for all acquisitions. It must be fair, open and advertised widely for acquisition of goods valued at $25,000 or more and for services valued at $100,000 or more.

In order to conduct a competitive procurement process, it is imperative that the procurement is described in a sound business case which demonstrates value for money for the government and that there is an approval from the right level in the organization.

It is important that the procurement process follow a disciplined and comprehensive process, taking into consideration the following criteria:

- No local preference.
- Full disclosure of all requirements.
- Tax compliance requirement.
- No conflict of interest or unfair advantage to any part.

Why Use a Vendor of Record?

In order to eliminate some of the processes for conducting competitive procurement and to ensure higher quality and secure better price/quality deals, the Treasury Board has established a Vendor of Record Arrangement. The arrangement is in the form of a fixed contract – a master contract – with multiple vendors for the ongoing acquisition of commonly purchased goods and services within a defined term.

The Vendor of Record arrangement has the following characteristics:

- Established through open, competitive procurement processes (i.e. Request for Services – RFS)
- Vendors agree to common terms and conditions, including pricing
- Buyers do not need to repeat full, open, competitive process and they receive access to preferred pricing.
- Based on the value of the assignment, a Vendor of Record may require additional second stage selection process among approved vendors.

Under this agreement, the vendor has certain responsibilities, in the form of established and maintained relationships with ministry clients through effective marketing; determine resource and time requirements for assignment in response to client requests; sign a Master Contract with the government; maintain and ensure the availability of qualified resources as proposed and transfer of knowledge to Ontario public sector staff during services assignments.

The ministry also has certain responsibilities which are:

- To write the RFS as clearly as possible so it reflects the requirements that is stated in the Terms of Reference or the Project Charter,
- To only evaluate what is set out in a proposal – no assumptions made,
- To reject conditional proposals, and
- To submit performance evaluation reports to Treasury Board upon completion of an assignment.

Vendor of Record Conditions:

Treasury Board/Ontario Shared Services has established a standing agreement with a number of companies (Vendors of Record) listed on their website under the category which they have made the agreement. For this purpose, the list of companies can be found under "Program Evaluation and Performance Measurement Services".

Although the condition for a competitive procurement process is $100,000 for services, the Treasury Board has set the limit to $25,000 for entering into Vendor of Record arrangements under Program Evaluation and Performance Measurement Services.

Below is a table that states the standard condition for Vendor of Record arrangement under this category.

Outside the Vendor of Record Arrangement

It is possible, although not advisable, for a ministry to go outside the Vendor of Record arrangement for purchasing services over $100,000 but under $750,000.

A ministry may have to go outside the VOR arrangement because there is no established category for a particular service, or the vendors that the government has established the arrangement with do not have the required qualifications. This might be relevant for commissioning research services.

If the ministry chooses this strategy, it is important to know that the procurement process will take significantly longer since the procurement offer – Request for Proposal or Request for Resources (RFP/RFR) has to be advertised widely. The cost will also increase because there is no benefit of the central purchasing arrangement under the VOR agreement.

Table 1: Vendor of Record (VOR) Conditions

VOR Type	Threshold	Selection Requirements
Arrangements with Multiple Vendors of Record	Less then $25,000	Ministries may select any one (1) VOR, or consider more than one (1) VOR, and if applicable based on instructions for the VOR arrangement, invite more than one (1) VOR to submit bids or proposals. No second stage is required, however, best practice is to send the RFR to 3 service providers.
	$25,000 to $249,000	Ministries must invite at least three (3) VORs to submit bids or proposals. Where there are fewer than three (3) VORs then ministries must invite both.
	$250,000 to $749,000 or the limit set by Treasury Board for a particular VOR arrangement.	Ministries must invite at least five (5) VORs to submit bids or proposals. Where there are fewer than five (5) VORs than ministries must invite them all.
	Equal to or exceeds $749,000 or the limit set by Treasury Board for a particular VOR	For purchases where the estimated total contract value equals or exceeds either $750,000 or another limit approval by Treasury Board for a particular VOR then a separate open competitive process must be used.

Table 2: Internal Approval Level for Procurement of Services

	Competitive Bid VOR Arrangement	Non-Competitive Bid
Senior Manager/Associate Director	Up to $25,000	Under $25,000
Director	From $25,000 to $100,000	
Assistant Deputy Minister/ Executive Director/CIO or Direct Report to DM	From $100,000 to $300,000	
Deputy Minister	$300,000 to $749,999	From $25,000 to $499,999
Minister	$750,000 to $999,999	NA
Treasury Board / Cabinet	$1,000,000 or more	NA

Internal Approval Level for Procurement of Services

Not to be confused by the formal conditions for the Ontario Public Service Vendor of Record arrangement, there is an internal ministry approval process that needs to be followed regarding procurement with outside vendors which varies from ministry to ministry.

For the Ministry of Health Promotion, which has aligned its internal approval process with the Ministry of Health and Long-Term Care administered by their Strategic Services and Contract Management Unit through the Contract Management Reporting System (CMARS), the approval level is stated in Table 2.

Even though the above approval level is stated in the CMARS, it is advisable to seek approval and agreement from a higher level than stated in this document.

OPS Procurement Policy and Procedures

Figure 1 *(on page 42)* is a schematic overview of the process involved in conducting a competitive procurement in OPS.

The process follows a natural flow:

- Step 1 - develop a sound business case;
- Step 2 - obtain internal approvals;
- Step 3 - develop procurement strategy is to secure formal approval;
- Step 4 - secure formal approvals;
- Step 5 - conduct and manage the actual bidding process.

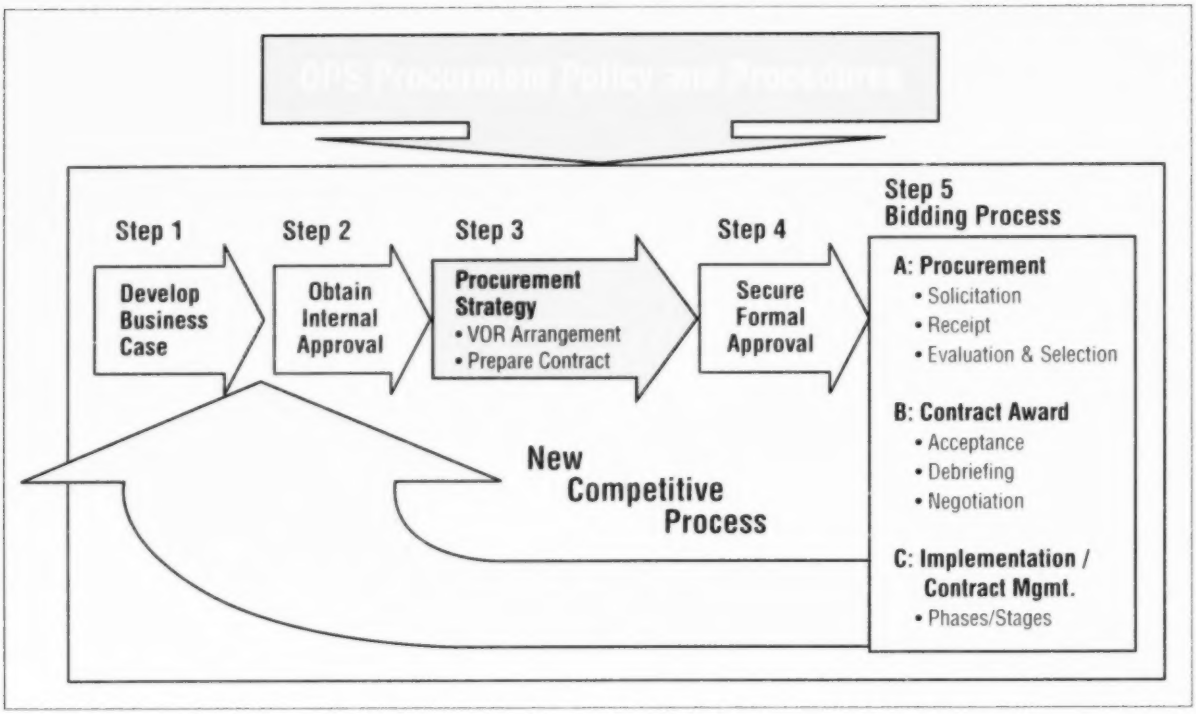


Figure 1: Overview of the OPS Competitive Procurement Process

For further information regarding the procurement process and to obtain the relevant forms, please contact Business Services and Controllership Branch.

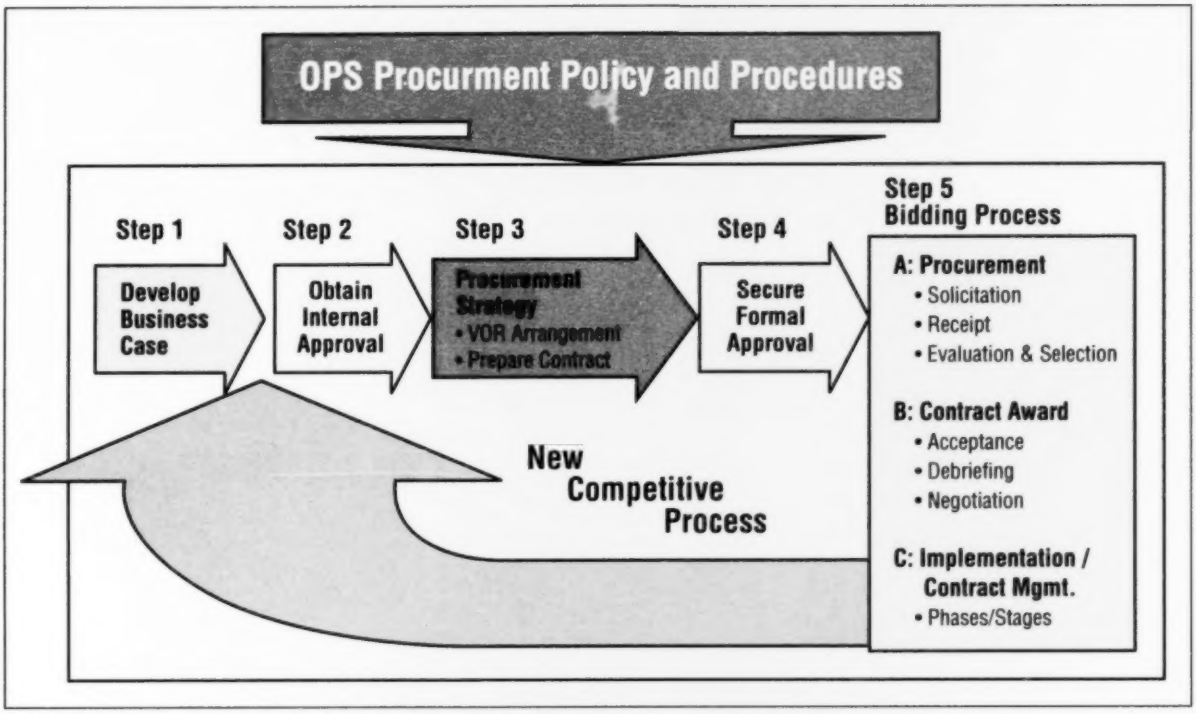


Figure 1: Overview of the OPS Competitive Procurement Process:

For further information regarding the procurement process and to obtain the relevant forms, please contact Business Services and Controllership Branch.

Appendix IV: MHP Research Advisory Committee (RAC)

Based on a Research Agenda 'think tank', directors from all branches of the ministry identified the need for a mechanism to be developed to coordinate research and share data and information across the ministry. A Research Advisory Committee was formed to develop a Research Agenda for the Ministry of Health Promotion.

The committee is represented by all branches of the ministry encompassing research, communication and policy communities. The Strategic Policy and Planning Branch leads the committee.

Committee Mandate:

To develop a Research Agenda and a Data Sharing Strategy for the ministry.

Goals:

Identify the ministry's research needs and research questions

Identify existing data and information for outcome measures

Identify the needs for data and information for outcome measures

Identify existing data and information for policy development and analysis

Identify the needs for data and information for policy development and analysis

Assist in evidence-informed decision-making by sharing research findings,

knowledge transfer and exchange

Provide a forum in which to discuss and share methods and findings of important research conducted by the ministry, other ministries, and agencies.

Identify opportunities to support and influence research

Identify barriers to research and data access

Research Advisory Committee Members:

Senior Management Committee (Sponsor)

Strategic Policy and Planning Branch

- Lisa Watson, Director Strategic Policy and Planning, Executive Lead
- Enza Ronaldi, Manager, Strategic Policy and Planning
- Dr. Gunawardana Balasuriya, Research Officer
- Heather Tilbury, Policy Analyst
- Stacey Nunes, former Policy Intern

Chronic Disease Prevention and Health Promotion Branch

- Dr. Elizabeth Rael, Senior Epidemiologist

Sport and Recreation Branch

- Dr. Art Salmon, Team Leader Research
- Mark Kiteley, Policy Advisor, Recreation

Business Services and Controllership Branch

- Tammy Browes-Bugden, Manager Human Resources
- Jostein Algroy, Senior Program Analyst

Communications Branch

- Marysia Szymczak, Manager Public Education

Appendix V: Glossary

These definitions are intended to provide a shared and useful understanding of terminology using authoritative sources. This list is not intended to restrict our own or other's meaningful use of terms or definitions, which may be identified over time and incorporated here or used elsewhere. By definition, only applied research is anticipated to be of interest to the ministry. The terms included here are not mutually exclusive.

Epidemiology

The study of the distribution and determinants of health-related states or events in specified populations and the application of this study to control of health problems.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 62.

Analytic Epidemiology

A study designed to examine associations, commonly putative or hypothesized causal relationships. An analytic study is usually concerned with identifying or measuring the effects of risk factors or is concerned with the health effects of specific exposure(s). The common types of analytic study are cross-sectional, cohort, and case control. In an analytic study, individuals in the study population may be classified according to absence or presence (or future development) of specific disease and according to "attributes" that may influence disease occurrence. Attributes may include age, race, sex, other disease(s), genetic, biochemical, and physiological characteristics, economic status, occupation, residence, and various aspects of the environment or personal behaviour. See also research design.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 5.

Descriptive Epidemiology

Study of the occurrence of disease or other health-related characteristics in human populations. General observations concerning the relationship of disease to basic characteristics such as age, sex, race, occupation, and social class; also concerned with geographic location. The major characteristic in descriptive epidemiology can be classified under the headings: persons, place, and time. See also "observational study".

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 62.

Plain Language Definition:

Epidemiology

The study of the patterns, causes/risk factor, and control of disease in groups of people.

Evaluation

1. A process that attempts to determine as systematically and objectively as possible the relevance, effectiveness, and impact of activities in the light of their objectives. Several varieties of evaluation can be distinguished, e.g., evaluation of structure, process, and outcome. See also clinical trial; effectiveness; efficacy; efficiency; health services research; program evaluation and review techniques; quality of care.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 64.

2. Evaluation is "the systematic examination and assessment of features of an initiative

and its effects, in order to produce information that can be used by those who have an interest in its improvement or effectiveness.

Source: WHO European Working Group on *Health Promotion Evaluation. Health Promotion Evaluation: Recommendations to Policymakers.* Copenhagen: World Health Organization; 1998.

Plain Language Definition:

Evaluation

The process of determining whether an item or activity meets specified criteria. Evaluation: (1) assesses the effectiveness of an ongoing program in achieving its objectives, (2) relies on the standards of project design to distinguish a program's effects from those of other forces, and (3) aims at program improvement through a modification of current operations.

Evaluation is a decision about significance, value, or quality of something, based on careful study of its good and bad features.

Health Surveillance

Tracking and forecasting any health event or health determinant through the ongoing collection of data, the integration, analysis and interpretation of that data into surveillance products and the dissemination of that resultant surveillance product to those who need to know. Surveillance products are produced for a predetermined public health purpose or policy objective. These activities take place in the context of management, coordination, and legislation and/or regulation.

Source: National Health Surveillance Network Working Group, Integration Design Team. Partnering for quality, timely surveillance leading to action for better health: Proposal to develop a network for health surveillance in Canada. Ottawa, ON. Health Canada, 1999. pages iv, 8-11. [on-line] Accessed 2006 Jan 26 from http://www.phac-aspc.gc.ca/csc-ccs/pdf/Propos17.pdf

Health surveillance is distinguished from monitoring by the fact that it is continuous and ongoing, whereas monitoring is intermittent or episodic.

Plain Language Definition:

Health Surveillance

Ongoing monitoring or tracking of the health status and /or risk factors of the population.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 117.

Monitoring

1. The intermittent performance and analysis of routine measurements, aimed at detecting changes in the environment or health status of populations. Not to be confused with surveillance which is a continuous process. To some, monitoring also implies intervention in the light of observed measurements.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 117.

2. Episodic measurement of the effect of an intervention on the health status of a population or environment. Not to be confused with surveillance, although the techniques of surveillance may be used in monitoring. The process of collecting and analyzing information about the implementation of a program for the purpose of identifying problems such as non-compliance and taking corrective action.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 117.

Plain Language Definition:

Monitoring

The repeated observation of a condition, especially to detect and give warning of change. Monitoring provides an ongoing verification of progress towards the achievement of objectives and goals.

Research

A class of activities designed to develop or contribute to generalizable knowledge. Generalizable knowledge consists of theories, principles, or relationships, or the accumulation of information on which these are based that can be corroborated by acceptable scientific methods of observations, inference, and/or experiment.

Source: Adapted from CIOMS, 1993 (Council for International Organizations of Medical Sciences)

Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001:157-8.

Plain Language Definition:

Research

Designed for the purpose of producing results that may be applied to real world situations.

Applied Research

Work undertaken in order to acquire new knowledge with a specific application in view. It is conducted either to determine possible uses for the findings of basic research or to determine new methods or ways of achieving some specific and predetermined objectives.

Source: Australian Bureau of Statistics definition

Australian Primary Care Research and Information Service, 2006

Cross-Sectional Study

(Synonym: Disease Frequency Survey; Prevalence Study)
A study that examines the relationship between diseases (or other health-related characteristics) and other variables of interest as they exist in a defined population at one particular time. The presence or absence of disease and the presence or absence of the other variables (or, if they are quantitative, their level) are determined in each member of the study population or in a representative sample at one particular time. The relationship between a variable and the disease can be examined (1) in terms of the prevalence of disease in different population subgroups defined according to the presence or absence (or level) of the variables (2) in terms of the presence or absence (or level) of the variables in the diseased versus the nondiseased. Note that disease prevalence rather than incidence is normally recorded in a cross-sectional study. The temporal sequence of cause and effect cannot necessarily be determined in a cross-sectional study.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 44.

Research Design

The "architecture" of a study: its structure, specific details of the studied population, time frame, method, and procedures, including ethical considerations, all of which should be explicitly stated in a research protocol. Details of all aspects of research design are essential to anyone seeking to replicate a study, thus there is a moral obligation to ensure that these details

are in the public domain. These details must be adhered to by all centers in a multicenter study.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 158.

Observational Study

(Synonym: non-experimental study) Epidemiologic study that does not involve any intervention, experimental or otherwise. Such a study may be one in which nature is allowed to take its course, with changes in one characteristic being studied in relation to changes in other characteristics. Analytic epidemiologic methods,[1] such as case control and cohort study designs, are properly called observational epidemiology because the investigator is observing without intervention other than to record, classify, count, and statistically analyze results.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 127.

Clinical Trial

(Synonym: Therapeutic trial) A research activity that involves the administration of a test regimen to humans to evaluate its efficacy and safety. The term is subject to wide variation in usage, from the first use in humans without any control treatment to a rigorously designed and executed experiment involving test and control treatments and randomization. Several phases of clinical trials are distinguished.

Phase I trial: Safety and pharmacologic profiles. The first introduction of a candidate vaccine or a drug into a human population to determine its safety and mode of action. In drug trials, this phase may include studies of dose and route of administration. Phase I trials usually involve fewer than 100 healthy volunteers.

Phase II trial: Pilot efficacy studies. Initial trial to examine efficacy usually in 200 to 500 volunteers; with vaccines, the focus is on immunogenicity, and with drugs, on demonstration of safety and efficacy in comparison to other existing regimens. Allocating subjects to study and control groups is a common practice.

Phase III trial: Extensive clinical trial. This phase is intended for complete assessment of safety and efficacy. It involves larger numbers of volunteers, often upwards of a few thousand, typically with random allocation to study and control groups, and may be a multi-center trial.

Phase IV trial: With drugs, this phase is conducted after a national drug registration authority (for example, the Food and Drug Administration in the United States) has approved the drug for distribution or marketing. Phase IV trials may include research designed to explore a specific pharmacologic effect, to establish the incidence of adverse reactions, or to determine the effects of long-term use. Ethical review is required for phase IV clinical trials, but not for routine PostMarking Surveillance. See also Community Trial.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 31.

Effectiveness

In the usage made standard among epidemiologists by A.L. Cochrane (1909-1988), effectiveness is a measure of the extent to which a specific intervention, procedure, regimen, or service, when deployed in the field in routine

[1]Kelsey J L, Thompson W D, Evans A L. *Methods in Observational Epidemiology.* New York: Oxford University Press, 1986.

circumstances, does what it is intended to do for a specified population. [1]It is also a measure of the extent to which a health care intervention fulfills its objectives; [2]To be distinguished from Efficacy and Efficiency.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 57.

Efficacy

In Clinical Epidemiology, the extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions; the benefit or utility to the individual or the population of the service, treatment regimen or intervention. Ideally, the determination of efficacy is based on the results of a Randomized Control Trial.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4*th* ed. (International Epidemiological Association) Oxford University Press, 2001: 58.

Efficiency

The effects or end results achieved in relation to the effort expended in terms of money, resource, and time. Efficiency is the extent to which the resources used to provide a specific intervention, procedure, regimen, or service of known efficacy and effectiveness are minimized. It is also a measure of the economy (or cost in resources) with which a procedure of known efficacy and effectiveness is carried out and it is the process of making the best use of scarce resources.

In statistics, efficiency is the relative precision with which a particular study design or estimator will estimate a parameter of interest.

Health economists identify several types of Efficiency:[3]

- Technical Efficiency refers to the relationship between resources (capital and labour) and health outcomes.
- Productive Efficiency refers to maximizing community health at given levels of technical and productive efficiency.
- Allocative Efficiency is the extent to which a study design maximizes the precision of effect estimates obtained from a given number of subjects or given amount of person-time.
- Statistical Efficiency is the extent to which a study design maximizes the precision of effect estimates obtained from a given number of subjects or given amount of person-time.
- Study Efficiency is the value of information obtained from a study in relation to the number of subjects (or person time) and/or to the monetary and other costs of the study

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 58.

Health Services Research

The integration of epidemiologic, sociologic, economic, and other analytic sciences in the study of health services. Health services research is usually concerned with relationships between needs, demand, supply, use and outcomes of health services. The aim of health services research is evaluation; several components of evaluative health services research are distinguished:

[1]Cochrane A. L., *Effectiveness and Efficiency: Random Reflections on Health Services.* London: Nuffield Provincial Hospitals Trust, 1972.

[2]*Statistical Indicators for the Planning and Evaluation of Public Health Programmes;* 13th Report of the WHO Expert Committee on Health Statistics, WHO Technical Report Series No. 472. Geneva 1971.

[3]Palmer S, Torgerson D J: *Definitions of efficiency.* Br Med J 1999; 318:1136.

- The evaluation of *structure*, concerned with resources, facilities and manpower.
- The evaluation of *process* is concerned with matters such as where, by whom, and how health care is provided.
- The evaluation of *output* is concerned with the amount and nature of health services provided.
- The evaluation of *outcome* is concerned with the results, i.e., whether persons using health services experience measurable benefits, such as improved survival or reduced disability.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 83.

Quality of Care

A level of performance or accomplishment that characterizes the health care provided. Ultimately, measures of the quality of care always depend upon value judgments, but there are ingredients and determinants of quality that can be measured objectively. These ingredients and determinants have been classified by Donabedian[1] in to measures of structure (e.g. manpower, facilities) process (e.g. diagnostic and therapeutic procedures), and outcome (e.g. case fatality rates, disability rates, and levels of patient satisfaction with the service). See also Health Services Research.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 147-148.

Surveillance

Systematic ongoing collection, collation, and analysis of data and the timely dissemination of information to those who need to know so that action can be taken. Surveillance is the essential feature of epidemiologic practice. It is distinguished from monitoring by the fact that it is continuous and ongoing, whereas monitoring is intermittent or episodic. Surveillance has been defined and described at greater length by the Centers for Disease Control and Prevention. It is the ongoing systematic collection, analysis, and interpretation of health data, essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know. The final link in the surveillance chain is the application of these data to prevention and control. A surveillance system includes a functional capacity for data collection, analysis, and dissemination linked to public health programs.[2]

Continuous analysis, interpretation, and feedback of systematically collected data, generally using methods distinguished by their practicality, uniformity, and rapidly rather than by accuracy or completeness.[3] By observing trends in time, place, and persons, changes can be observed or anticipated and appropriate action, including investigative or control measures, can be taken. Sources of data may relate directly to disease or to factors influencing disease. Thus they may include (1) mortality and morbidity reports based on death certificates, hospital records, general practice sentinels, or notifications; (2) laboratory diagnoses; (3) outbreak reports; (4) vaccine utilization – uptake and side effects; (5) sickness absence records; (6) disease determinants such

[1]Donabedian A. *A Guide to Medical Care Administration, Vol 2.* New York: American Public Health Association, 1969.

[2]Centers for Disease Control: *Comprehensive Plan for Epidemiologic Surveillance*, Atlanta, GA, 1996.

[3]Eylenbosch W. J., Noah N., eds. *Surveillance in Health and Disease.* Oxford: Oxford University Press, 1986.

as biological changes in agent, vectors, or reservoirs; (7) susceptibility to disease, as by skin testing or serological surveillance e.g., serum banks.

Source: Last JM. (ed) A Dictionary of Epidemiology. 4th ed. (International Epidemiological Association) Oxford University Press, 2001: 174-175.